Government Health Plan (GHP) of Puerto Rico

Authorization Criteria – Alendronate Sodium 40mg Tablets

Managed by MCO

Section I. Prior Authorization Criteria

A. Prescriber restriction: Endocrinologists, Orthopedist, Rheumatologist, Geneticist.

B. The physician must document the following on the prescription:

1. Treatment of Paget's disease (ICD-10-CM M88.9).

C. Document for the first prescription:

1. Previous use, intolerance or contraindication to zoledronic acid.

2. Documentation (from within 60 days of the request) that the patient has a serum alkaline phosphatase level of > two times the upper limit of normal OR,

3. The patient is symptomatic OR,

4. The patient is at risk for complication from the Paget's disease.

D. Dosage to be approved:

40 mg once a day for six months.

E. For re-treatment: The physician should document that the patient failed to normalize his serum alkaline phosphatase.

Section II. References

1. Fosamax oral tablets, alendronate sodium oral tablets. Merck Sharp & Dohme Corp. White house Station, NJ, 2015.

Section III. Review Log

Approved:	**June 29, 2017**

GPI	GPI NAME
30042010100340	Alendronate Sodium Tab 40 MG